



Before you apply:

- For instructions on how to submit this application, refer to the appropriate requirement list. Please visit, Calgary.ca/requirementlist
- If this application is related to a new or moved business, please start the process with a business licence application. For instructions on applying for a business licence, visit the 'How to Apply' section on: Calgary.ca/startbusiness

SECTION 1: Who is applying?

Applicant Business Owner Agent Representing Business Owner

Applicant Name:

Company Name (if applicable):

Email:

Phone Number (during business hours):

SECTION 2: Business Information

Business Address (including the unit number):

What floor is the Business on:

Total area of the Business: ft²
 m²

Name of the Business:

Business Identification Number (BID):

SECTION 3: How will you be operating?

1 Will the Business be: (check one that applies)

Taking over an existing business

Making changes to the current business

Taking over an existing business and making changes

New to this location

2 Describe the type of Business (i.e. retail, restaurant, or warehouse):

3 Describe any changes being made to the business (i.e. adding business activities or square footage): N/A

SECTION 4: Building Code

1 Are you proposing any construction or alterations to the space?

Yes
 No

2 Are you the first tenant to occupy the space?

Yes
 No

3 Are you moving, replacing or constructing new walls, mezzanines or floor assemblies?

Yes
 No

4 Are you sharing space with another tenant?

Yes
 No

SECTION 5: Landfill and Waste Management Facility Setbacks		
1	Does the proposal involve a school, child care facility, overnight medical facility, residence, or food, drink and/or cannabis business, as either the primary or ancillary use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is a waste management, recycling, or wastewater treatment facility being proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Does the business have, or is the business required to obtain provincial approval, registration, or notification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: The Subdivision and Development Regulation prohibits alcohol, hospital, food establishment, and residential uses from being approved within waste management facility setbacks. Click here for more information.		

SECTION 6: Automotive Business Types			<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Passenger Vehicles includes those such as cars, trucks, and vans Commercial Vehicles includes those such as buses, cube vans, dump trucks, flatbed trucks, or tractor trailers (4536 kg or greater) Recreational Vehicles includes those such as motor homes, travel trailers, fifth wheel travel trailer, or boats (provides accommodation) 			
1 Will the Business: (check all options that apply)			
<input type="checkbox"/> Repair or Servicing Vehicles: (check all that apply) <input type="radio"/> Passenger Vehicles (3 or less at a time) <input type="radio"/> Passenger Vehicles (4 or more at a time) <input type="radio"/> Commercial Vehicles <input type="radio"/> Recreational Vehicles	<input type="checkbox"/> Vehicle Sales: (check all that apply) <input type="radio"/> Passenger Vehicles (5 or less at a time) <input type="radio"/> Passenger Vehicles (6 or more at a time) <input type="radio"/> Commercial Vehicles <input type="radio"/> Recreational Vehicles	<input type="checkbox"/> Vehicle Rentals: (check all that apply) <input type="radio"/> Passenger Vehicles (5 or less at a time) <input type="radio"/> Passenger Vehicles (6 or more at a time) <input type="radio"/> Commercial Vehicles	<input type="checkbox"/> Gas Bar
<input type="checkbox"/> Auto Body/Paint Shop	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Other	
NOTE: For Change of Use Development Permits, if any part of the proposed business activity is located outside (i.e. Auto Sales or Outside Storage) one copy of a Site Plan is required with this submission. For details on the Site Plan requirements, please refer to this checklist and click here for sample drawings.			

SECTION 7: Industrial, Warehouse, Manufacturing Business Type			<input type="checkbox"/> N/A
1	Will there be the production or storage of food products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Will there be a sales and/or display area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what is the total size of the sales and/or display area?	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²	
3	Provide a detailed description of your business:		

SECTION 8: Food Preparation Business Types		<input type="checkbox"/> N/A
1 Will the Business: (check all options that apply)		
<input type="checkbox"/> Restaurant/Bar: Will you be selling alcohol? <input type="radio"/> Yes <input type="radio"/> No If Yes, minors (under 18) are: <input type="radio"/> Allowed at all times <input type="radio"/> Restricted at certain times <input type="radio"/> Restricted minors at all times	<input type="checkbox"/> Nightclub (allows for entertainment area over 10 m ²)	<input type="checkbox"/> Concession or Accessory Food (i.e. juice bar within an existing gym)
	<input type="checkbox"/> Catering Service (food preparation/delivery, no customer pick-up)	<input type="checkbox"/> Specialty Food (i.e. deli, bakery etc.)
	<input type="checkbox"/> Dinner Theatre (minors allowed at all times)	<input type="checkbox"/> Outdoor Café (outdoor eating and drinking area)
	<input type="checkbox"/> Take Out (pick-up or delivery only, no dine in)	
2 Seating areas for dine-in establishments:		<input type="checkbox"/> N/A
<input type="checkbox"/> Existing – with no changes	<input type="checkbox"/> New seating area	
<input type="checkbox"/> Existing – with changes		
What size is the size of the seating area? (both new or existing)		<input type="checkbox"/> ft ² <input type="checkbox"/> m ²

SECTION 9: Culture and Leisure Type Businesses		<input type="checkbox"/> N/A
1 Will there be four or more mechanical or electronic games?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 Will the primary business be for the rental of billiard tables, pool tables or similar games to the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 Will internet or computer games be provided to four or more customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 Provide a detailed description of your business:		

SECTION 10: Care, Health Fitness and Instruction Business Type		<input type="checkbox"/> N/A
1 For Child Care, what is the total number of children and staff at any given time?		<input type="checkbox"/> N/A
Children:	Staff:	
2 For existing Child Care, will you be increasing the number of children and staff at any given time?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3 For Instructional Facilities, what is the total number of students and staff at any given time?		<input type="checkbox"/> N/A
Students:	Staff:	
4 Provide a detailed description of your business:		

Office Use Only

Is a BP required?

- Yes
 No

Notes:

Is there a parcel warning about Subdivision and Development Regulation prohibited use setbacks?

- Yes
 No

Applicant's Declaration:

In relation to the submission of this application, I confirm that I am

- i. An owner of the parcel, an authorized agent of the owner of the parcel, or other person having legal or equitable interest in the parcel, and
- ii. If the parcel has a condominium board, I have consent from the condominium board to submit this application.

In addition, I certify that all information submitted with this application, including information shown on plans and documents, to be true and correct. Incomplete or inactive applications may be cancelled or refused at the discretion of the proper authority in accordance with their respective bylaw.

I agree to receive correspondence via electronic message related to this application.

The personal information on this form is being collected under the authority of The Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c). It will be used to provide operating programs, account services and to process payments received for said services. It may also be used to conduct ongoing evaluations of services received from Planning & Development Please send inquiries by mail to the FOIP Program Administrator, Planning & Development, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.